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|-----------------------------|---------------------------------------|------------------------|---|
| <b>State:</b>               | District of Columbia                  | <b>Filing Company:</b> | Transamerica Premier Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | L08 Life - Other/L08.000 Life - Other |                        |   |
| <b>Product Name:</b>        | SADB01016                             |                        |   |
| <b>Project Name/Number:</b> | Supp App DB Option Election/L272-CV   |                        |   |

## Filing at a Glance

|                      |   |
|----------------------|---|
| Company:             | Transamerica Premier Life Insurance Company |
| Product Name:        | SADB01016                                   |
| State:               | District of Columbia                        |
| TOI:                 | L08 Life - Other                            |
| Sub-TOI:             | L08.000 Life - Other                        |
| Filing Type:         | Form  |
| Date Submitted:      | 11/09/2016                                  |
| SERFF Tr Num:        | AEGB-130788833                              |
| SERFF Status:        | Assigned                                    |
| State Tr Num:        |   |
| State Status:        |   |
| Co Tr Num:           | SADB01016                                   |
| Implementation       | On Approval                                 |
| Date Requested:      |   |
| Author(s):           | Chrissy Vandersee, Susan Holloway           |
| Reviewer(s):         | John Rielley (primary)                      |
| Disposition Date:    |   |
| Disposition Status:  |   |
| Implementation Date: |   |

**State:** District of Columbia  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** SADBO1016  
**Project Name/Number:** Supp App DB Option Election/L272-CV

**Filing Company:** Transamerica Premier Life Insurance Company

## General Information

Project Name: Supp App DB Option Election  
Project Number: L272-CV  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 11/10/2016  
State Status Changed:  
Created By: Chrissy Vandersee  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Chrissy Vandersee

### Filing Description:

Transamerica Premier Life Insurance Company  
NAIC #: 66281 NAIC Group #: 0468  
Company FEIN #: 52-0419790  
SADBO1016 Supplemental Application – Death Benefit Option Election Form

Please find the attached copy of the above referenced form. This is a new form and is not intended to replace any forms previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to policy owners. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Death Benefit Option Election Form SADBO1016 – This form has three Death Benefit Options available for election: level, increasing and graded. These are the three options available in the Flexible Premium Adjustable Life Insurance Policy with an Index Account Option (form IUL09 DC), which is concurrently filed under SERFF tracking number AEGB-130778972. This form has been developed to be used with U327 0312W DC Individual Life Insurance Application, which was approved by your department on 05/31/2012 under SERFF tracking number AEGB-128368138, and which will be used for applying for the Flexible Premium Adjustable Life Insurance Policy with an Index Account Option. We intend to market these forms to the general public.

We would appreciate your review and approval of these forms. Should you have any questions or need any additional information, please do not hesitate to contact me.

Chrissy Vandersee  
Senior State Filing Analyst  
Phone: 319-355-6143  
Fax: 319-355-6820  
christina.vandersee@transamerica.com

## Company and Contact

### Filing Contact Information

Holloway Susan, susan.holloway@transamerica.com  
300 Eagleview Blvd. 610-648-5820 [Phone]  
Exton, PA 19341

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| <b>State:</b>               | District of Columbia                  | <b>Filing Company:</b> | Transamerica Premier Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | L08 Life - Other/L08.000 Life - Other |                        |   |
| <b>Product Name:</b>        | SADBO1016                             |                        |   |
| <b>Project Name/Number:</b> | Supp App DB Option Election/L272-CV   |                        |   |

**Filing Company Information**

Transamerica Premier Life  
Insurance Company  
4333 Edgewood Road NE  
Cedar Rapids, IA 52499  
(319) 355-7888 ext. [Phone]

CoCode: 66281  
Group Code: 468  
Group Name: TPLIC  
FEIN Number: 52-0419790

State of Domicile: Iowa  
Company Type: Life & Health  
State ID Number:

**Filing Fees**

Fee Required? No

Retaliatory? No

Fee Explanation:

|                             |                                       |                        |   |
|-----------------------------|---------------------------------------|------------------------|---|
| <b>State:</b>               | District of Columbia                  | <b>Filing Company:</b> | Transamerica Premier Life Insurance Company |
| <b>TOI/Sub-TOI:</b>         | L08 Life - Other/L08.000 Life - Other |                        |   |
| <b>Product Name:</b>        | SADBO1016                             |                        |   |
| <b>Project Name/Number:</b> | Supp App DB Option Election/L272-CV   |                        |   |

## Form Schedule

| Lead Form Number: SADBO1016 |                      |                          |             |           |             |                      |                   |               |
|-----------------------------|----------------------|--------------------------|-------------|-----------|-------------|----------------------|-------------------|---------------|
| Item No.                    | Schedule Item Status | Form Name                | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments   |
| 1                           |                      | Supplemental Application | SADBO1016   | AEF       | Initial     |                      | 50.200            | SADBO1016.pdf |

### Form Type Legend:

|             |   |             |  |
|-------------|---|-------------|--|
| <b>ADV</b>  | Advertising   | <b>AEF</b>  | Application/Enrollment Form                              |
| <b>CER</b>  | Certificate   | <b>CERA</b> | Certificate Amendment, Insert Page, Endorsement or Rider |
| <b>DDP</b>  | Data/Declaration Pages  | <b>FND</b>  | Funding Agreement (Annuity, Individual and Group)        |
| <b>MTX</b>  | Matrix  | <b>NOC</b>  | Notice of Coverage                                       |
| <b>OTH</b>  | Other   | <b>OUT</b>  | Outline of Coverage                                      |
| <b>PJK</b>  | Policy Jacket   | <b>POL</b>  | Policy/Contract/Fraternal Certificate                    |
| <b>POLA</b> | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | <b>SCH</b>  | Schedule Pages   |



## Supplemental Application Death Benefit Option Election Form

**Transamerica Premier Life Insurance Company**  
**Home Office:** 4333 Edgewood Road NE, Cedar Rapids, IA 52499

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This Supplemental Application replaces and supercedes SECTION 8. DEATH BENEFIT OPTION, on the application. Please elect one of the following death benefit options below:

- ☐ Level Benefit
- ☐ Increasing Benefit
- ☐ Graded Death Benefit

I acknowledge and agree that this Supplemental Application together with the original application and any amendments thereto shall be the basis for any insurance issued. This Supplemental Application shall form a part of the original application and of the policy issued thereunder, if any, and they shall be binding on any person who shall have or claim any interest under such policy.

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Print Name of Owner

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Signature of Owner

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Signature of Agent

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Date